

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39183**
Registrar's No. **2578**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Mo b. COUNTY _____ (in whole or in part))	
b. CITY OR TOWN Kirkwood	c. LENGTH OF STAY (in this place) 3yrs	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Dillworth Home		e. STREET ADDRESS (If rural, give location) 6161 Kingsbury	

3. NAME OF DECEASED (Type or Print)	a. (First) Jane	b. (Middle) Green	c. (Last) McDonald	4. DATE OF DEATH (Month) (Day) (Year) Nov 4, 1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 29, 1858	9. AGE (In years last birthday) 97yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Lafayette Co., Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME (Unk) Green	13b. MOTHER'S MAIDEN NAME (Unk.)	14. NAME OF HUSBAND OR WIFE J. Allen McDonald
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Capt. Wm. H. Ferguson	ADDRESS 6161 Kingsbury
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Cardio-vascular disease chr.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June**, 19**54**, to **Nov 4**, 19**55**, that I last saw the deceased alive on **Nov. 4**, 19**55**, and that death occurred at **12:03** m., from the causes and on the date stated above.

23a. SIGNATURE Debraugh	(Degree or title?) M.D.	23b. ADDRESS Webster Groves Mo	23c. DATE SIGNED 11-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Richmond Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Mo.
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DATE REC'D BY LOCAL REG. 11-5-55	REGISTRAR'S SIGNATURE Herbert R. Rombert	25. FUNERAL DIRECTOR'S SIGNATURE Gleffander & Sons	ADDRESS 6175 Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. O D Seabaugh
105 W Lockwood
No 15002

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *J. E. McCulloch*
Licensed Embalmer No. *224*

P. O. Address *6175 Penn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.